DOCUMENT RESUME

ED 339 988 CG 023 901

TITLE Consultation on the Monitoring and Evaluation of AIDS Education/Health Promotion Programmes (Copenhagen, Denmark, May 2-4, 1990). Summary Report.
INSTITUTION World Health Organization, Copenhagen (Denmark). Regional Office for Europe.
PUB DATE May 90
NOTE 8p.
PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Health Education; *Health Promotion; Knowledge Level; *Prevention; Program Evaluation; Public Health

ABSTRACT

Thirteen participants from 11 countries, including experts in public health, health education, social sciences, epidemiology, planning, policy-making, and program management, took part in a consultation on the monitoring and evaluation of Acquired Immune Deficiency Syndrome (AIDS) education and health promotion programs in Copenhagen. A representative of the Commission of the European Communities, and officers of the World Health Organization Regional and Global Programs on AIDS also attended. The purpose of the Consultation was to examine the practical relationship between monitoring and evaluation studies and decisions concerning the development and implementation of health education and health promotion programs for AIDS prevention. Reviews of educational programs directed at the general public point to certain conclusions: (1) the overwhelming majority of adults in Europe have become aware of the basic facts of Human Immunodeficiency Virus (HIV) transmission and how they can protect themselves; (2) significant proportions of the population continue to have misconceptions about the risks of casual transmission; (3) attitudes toward people with AIDS reflect mixed sentiments; (4) public education campaigns have motivated many individuals to seek more information and advice, or to ask for HIV-antibody testing; (5) many of the national public education campaigns have helped to stimulate wider public debate on AIDS issues; and (6) the evidence of behavioral change in the general population is weak. Obstacles and technical aspects to monitoring and evaluation, and recommendations are included. (LLL)

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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

ED339988

EUR/ICP/GPA 025(S)
1855B
ORIGINAL: ENGLISH

SUMMARY REPORT

Consultation on the Monitoring and Evaluation of AIDS Education/Health Promotion Programmes

Copenhagen
2-4 May 1990

CG023901

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TARGET 4

Reducing disease and disability

By the year 2000, the average number of years that people live free from major disease and disability should be increased by at least 10%.

Index:

ACQUIRED IMMUNODEFICIENCY SYNDROME - prevent/control
HEALTH EDUCATION
HEALTH PROMOTION
EVALUATION
EUR

Introduction

Thirteen participants from 11 countries - including experts in public health, health education, the social sciences, epidemiology, planning, policy-making and programme management took part in the Consultation. A representative of the Commission of the European Communities and officers of the WHO Regional and Global Programmes on AIDS also attended. The purpose of the Consultation was to examine the practical relationship between monitoring and evaluation studies and decisions concerning the development and implementation of health education/health promotion programmes for AIDS prevention.

Background

Nearly 32 000 AIDS cases had been reported in the European Region by April 1990. WHO estimates that 500 000 people in Europe are now infected with HIV and the cumulative total of AIDS cases is projected to increase to between 60 000 and 78 000 by the end of 1991. This has serious implications for individuals, families, communities and nations, undermining Region-wide efforts to promote health for all.

European Member States are committed to the prevention and control of AIDS. Particularly during the past six years, many AIDS-related health education/health promotion activities have been developed and implemented in a number of countries. These have used a variety of approaches to reach the general public and specific target audiences through a range of communication channels such as the mass media, institutions, community networks and individuals. Some of these interventions have been accompanied by monitoring and evaluation studies to determine their impact and effectiveness.

Although there have been some attempts to disseminate experience in this field from one country to another, several key issues remain unresolved or require further clarification. For example, many national programmes appear to be at a crossroads, hesitant as to the choice of new directions and priorities, and concerned that the momentum and commitment to prevention through education and health promotion will not be maintained. Policy-makers and decision-takers are demanding more concrete data on which to judge the cost-effectiveness of what has been done so far, and to help them decide what resources to commit to programming in the future. At the same time, in other parts of the Region responses to AIDS are still at an early stage, and there is urgent need to develop the necessary systems and infrastructures for the adequate monitoring and evaluation of AIDS programmes as they evolve.

This Consultation was the first stage in a proposed longer-term systematic initiative from the Regional Programme on AIDS at the WHO Regional Office for Europe, aimed at strengthening collaboration in the monitoring and evaluation of AIDS education/health promotion efforts. Although the main focus of the Consultation was on AIDS education/health promotion efforts among the general population at national level, with appropriate reference to targeted and local activities, the issues raised and recommendations made are of wider significance for AIDS policies and programmes in the European Region.

The specific objectives of the Consultation were:

- to assess the extent to which educational initiatives among the general public have been monitored and evaluated;

- to review the main outcomes and lessons that have emerged from monitoring and evaluation efforts, and to consider the extent to which these have influenced planning and programming decisions;

- to recommend measures which would enhance the validity, reliability, relevance and usability of monitoring and evaluation research in developing more effective AIDS education and health promotion activities;

- to establish the basis for an up-to-date Region-wide system for providing information and analysis on monitoring and evaluation initiatives.

Discussion

Reviews of educational programmes directed at the general public point to certain conclusions and lessons, as follows.

1. The overwhelming majority of adults in Europe have become aware of the basic facts of HIV transmission and how they can protect themselves.

2. At the same time, significant proportions of the population continue to have misconceptions about the risks of casual transmission.

3. Attitudes towards people with AIDS reflect mixed sentiments. While most people have expressed feelings of compassion, many would not work with a person with AIDS. There is some evidence to suggest that accurate knowledge is associated with less stigmatizing attitudes and fewer unnecessary personal anxieties.

4. Public education campaigns have motivated many individuals to seek more detailed information and advice (for example, from telephone helplines of counselling services) or to ask for HIV-antibody testing.

5. Many of the national public education campaigns have helped to stimulate wider public debate on AIDS issues and may have permitted more open discussion about sensitive and taboo subjects such as personal sexual practices and drug-using behaviour.

6. The evidence of behavioural change in the general population is weak. Educational programmes for the general public can be made more effective if messages and materials are:

- pretested on representative members of the target audiences for relevance, realism, understanding and acceptability;

- supported by the provision of adequate and accessible services such as personal counselling, condom supply and facilities for HIV-antibody testing, as appropriate;

A continued investment in national educational programmes for the general public using the mass media and other channels remains necessary in order to:

- maintain high levels of awareness about HIV/AIDS;

- correct widely prevalent misinformation and myths, and counteract discrimination and stigmatization;

- improve the quality and depth of people's knowledge;

- communicate with hard-to-reach groups such as men who have sex with men, prostitutes, clients, migrants and others who may not be easily reached by other more focused strategies;

- provide a framework for local and target audience-specific health promotion activities;

- encourage and maintain the support of the public, key opinion-formers and decision-takers for AIDS prevention and control activities, including a greater concern with the social impact of AIDS.

Closer links between AIDS and other programmes should be encouraged without losing the momentum of AIDS prevention and control efforts.

Monitoring and evaluation can help those concerned to track progress, assess effectiveness, measure impact, calculate cost-efficiency and improve the planning of programmes. They also help to disseminate information about the experience gained. In practice, however, a variety of obstacles have hindered the proper use of monitoring and evaluation studies.

The technical difficulties have included:

- problems of cultural sensitivity in dealing with complex issues such as sexual and drug-using behaviour;

- lack of experience or an infrastructure in some countries;

- problems of research methodology;

- problems of data handling and processing; and

- problems with the interpretation of data, including in particular the difficulty of attributing particular outcomes to a specific, distinctly identifiable intervention.

Organizational obstacles have included:

- inadequate recognition of the importance of monitoring and evaluation;

- inadequate appreciation by researchers of the political and other restraints under which decision-takers and programme managers have to operate;

- isolation of researchers from those responsible for intervention, leading to the failure to address the relevant operational issues;

- poor collaboration between different scientific and research disciplines and lack of central coordination;

- unrealistic expectations by some policy-makers and programme managers as to what monitoring and evaluation research can deliver;

- legal and political obstacles to conducting certain types of research investigation;

- failure to make research results available in good time and inadequate dissemination of the findings; and

- occasional concern by researchers about perceived external interference in their work.

The technical aspects of monitoring and evaluation could be improved by the development of a minimum data set of indicators related to the variables of knowledge, attitudes and behaviour which should be valid, reliable, sensitive and specific. To measure changes in indicators, targets need to be set. As far as is feasible, the necessary data should be collected through existing information systems, strengthened as required.

The organizational barriers to monitoring and evaluation could be addressed in the following ways.

1. In national budgets for AIDS prevention and control a specified percentage or amount of resources should be explicitly earmarked for monitoring and evaluation activities, which should be planned on a longer-term basis.

2. Evaluation specialists should be consulted early in programme development and closely involved in the planning process.

3. National AIDS programmes, including their health education/health promotion components, should have explicitly stated policies, an adequate strategic framework and clearly expressed objectives. A requirement to produ e annual progress reports is a useful mechanism for conducting regular reviews.

4. Any administrative procedures and legislation which undermine public health efforts, including the gathering of necessary information and conduct of essential research, should be repealed.

5. It should be made clear at an early stage who will manage the monitoring and evaluation process and also who will own and use the results.

6. The aim of monitoring and evaluation research should be to make timely contributions to programme development by producing analyses and other materials which:

- are relevant to policy and shed light on practical issues in planning and implementation;

- are committed in comprehensible form so that they make an impact on programme managers, policy-makers and decision-takers.

Recommendations

National AIDS programmes, and WHO Regional Programme on AIDS and the WHO Regional Office for Europe

1. Present arrangements for monitoring and evaluating AIDS education/health promotion efforts should be reviewed, especially in terms of their funding and their connection with planning and implementation.

2. National AIDS programmes should have formally stated policies, strategies and plans of operation including clearly stated objectives, and should conduct annual reviews resulting in an annual report which describes the progress made.

3. A national focal point which systematically collects, analyses and disseminates information and sets consistent standards for the monitoring and evaluation of AIDS education/health promotion initiatives is recommended.

4. As far as possible, existing information and surveillance systems should be strengthened to collect the data necessary for monitoring and evaluation purposes.

5. Staff at all levels who are involved in the planning, monitoring and evaluation of programmes should be given the necessary training.

The WHO Regional Programme on AIDS

1. European guidelines on monitoring and evaluation should be developed, including indicators and targets, methodologies and protocols for collecting data, and formats for analysis and reporting. A technical working group could be convened to advance this work.

2. A European clearing-house or reference centre should be established to develop intercountry cooperation and support activities for the monitoring and evaluation of AIDS education/health promotion programmes would be beneficial.

3. Regional meetings to permit the exchange of experience in this field, to maintain momentum, to encourage mutual learning and to promote collaboration with other kinds of health education/health promotion programmes would be beneficial.

4. To strengthen national capacity for monitoring and evaluation, training seminars and other professional training activities should be considered for the staff responsible, and where appropriate WHO fellowships should be used for this purpose.

5. The additional needs of Member States with limited resources should be given special consideration, as part of medium-term national AIDS prevention and control plans.